

# CALIFORNIA'S HEALTH

WILTON L. HALVERSON, M.D.  
DIRECTOR OF PUBLIC HEALTH

STATE DEPARTMENT OF PUBLIC HEALTH  
ESTABLISHED APRIL 15, 1870

PUBLISHED SEMI-MONTHLY  
SAN FRANCISCO 2, 760 MARKET STREET

ENTERED AS SECOND-CLASS MATTER JAN. 28, 1949, AT THE POST OFFICE AT SAN FRANCISCO, CALIFORNIA, UNDER THE ACT OF AUG. 24, 1912. ACCEPTANCE FOR MAILING AT THE SPECIAL RATE APPROVED FOR IN SECTION 1103, ACT OF OCT. 3, 1917

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VOLUME 8, NUMBER 8

OCTOBER 31, 1950

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## The Life and Works of John J. Sippy

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The Western Branch of the American Public Health Association established a John J. Sippy Memorial Fund in 1949 in tribute to one of the Country's most distinguished local health officers. Active until retirement just two weeks before his death March 15, 1949, Doctor Sippy had served as health officer of the San Joaquin Local Health District since its inception in 1923. His administrative skill had made his department a model for public health administrators throughout the Country.

Contributions to the Memorial Fund have been received from Doctor Sippy's many friends, both professional and lay. When the fund was established, plans were made to choose an outstanding public health worker in the Western Branch territory to deliver an annual lecture as a memorial to Doctor Sippy.

This first Memorial Address was presented by Doctor Shepard at the Western Branch meeting in Portland on May 31, 1950. It will appear in *California's Health* in two parts, in this and the next issue.

For this first John J. Sippy Memorial Address, it has been suggested that you might be interested in a brief biography of this eminent public health man, together with a summary of what seemed to be his most outstanding skills in the field of public health. It will be my purpose, therefore, to sketch for you as briefly as possible the life and works of Doctor Sippy against a rapidly moving panorama of events of the greatest importance to the health of the public of this Nation and the world. It is a great honor to have been selected for this important assignment. It has been a pleasure to prepare this material and to attempt to express for you our deep appreciation of the life and works of John J. Sippy.



JOHN J. SIPPY

### A Momentous Half Century, 1899-1949

John Sippy's professional lifetime extended over a total of 50 years. He commenced the practice of medicine in Belle Plaine, Sumner County, Kansas, in 1899, just before he became 21 years old. These were years of stirring events in medicine, and particularly in public

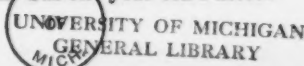
health. During that time modern medicine as we know it today was born, and public health as a special discipline and as a distinct profession got its start.

### Growing Up

John Johnson Sippy was born on July 13, 1879, in the town of Venice, Madison County, Illinois. He was the first born of Mary Anne Mestre and Benjamin F. Sippy, M.D. In the year following his birth, 1880, life expectancy at birth was 43 years.<sup>1</sup> The infant death rate for the Country as a whole was probably over 100 per 1,000 live births. Little did John's physician father suspect then that his son would

live to see the day when life expectancy would increase by 25 years and infant mortality decrease nearly two-thirds. Nor did he know then what a prominent part John would play in bringing about these astounding results.

This was the year when Hansen and Neisser discovered an acid-fast rod-shaped bacillus which was the cause of leprosy. When John was one year old Pasteur



and Sternberg discovered the pneumococcus, Eberth and Koch discovered the typhoid bacillus and Laveran the malaria plasmodium. The half century had already started auspiciously for one who was to become a famous public health leader.

John was not a robust child and as he grew up his father wanted him outdoors as much as possible so frequently took him on long rides in the country as he went about calling on his patients with a team and rig. Something of a naturalist, as well as a good physician, his father taught him to recognize the birds and wild flowers in the prairies of Kansas and John often laughingly stated later "that is all I ever learned about the bees, birds, and flowers." There is no doubt that during these long trips, enjoying the companionship of his father, John developed great admiration for him and for his profession and thus was influenced to enter the study of medicine.

Other children came along in due time, two sisters and two brothers, but when John was 14 his mother died, thus concentrating even more his father's pride and ambition for his eldest.

While growing up and completing his elementary education, exciting things continued to happen in the medical world which were doubtless the topic of conversation on these country trips and in the family circle. John was only three when Koch announced discovery of the tubercle bacillus and was four when Koch added the discovery of the cholera vibrio and Klebs discovered the diphtheria bacillus. When John was nine, Gaertner discovered the causes of enteritis and of para typhoid. These must have been encouraging announcements to Dr. Benjamin F. Sippy, since he was seeing many, many cases of diphtheria each winter, of typhoid each summer, and of tuberculosis the year around.<sup>2</sup> In 1889 Kitasato announced the discovery of the tetanus bacillus. What must have been most important to Dr. Benjamin F. Sippy, and perhaps even to his then 14-year-old son, was the announcement by Behring and Kitasato of the perfection of diphtheria antitoxin. Now at long last there was something Benjamin Sippy could do for his diphtheria cases.

By the time John was a junior medical student in the St. Louis College of Physicians and Surgeons, Wright was vaccinating the British Army in India for typhoid fever. By the time he finished medicine, Welch and Nutall had discovered the gas bacillus; Kitasato and Yersin the cause of plague; and Shiga the cause of dysentery. Bacteriology had become a new and exacting science and pathology had opened a new world of cellular derangements which could now be explained in some cases by the new knowledge of bacteriology. How proud his father must have been of this son whom

he had nurtured and educated so carefully and who now had full possession of these very latest sciences which were revolutionizing the practice of medicine.

About the time John was getting ready to graduate and join his father in the practice of medicine, he accompanied his father on an obstetrical case in the country. As the father entered the bedroom to check on the patient immediately, John stood by the stove to warm his hands. The patient seeing him through the open door asked the father, "Doesn't that little boy want something to eat?" The father replied, "Little boy! He will soon be practicing medicine with me and will probably deliver your next baby." As we well know, John's physical stature was not great, but what a little giant he turned out to be!

#### The Country Doctor

He joined his father in the practice of medicine in Belle Plaine to the great gratification of the latter. In fact so proud was he that he later decided to move on to Ponca City, Oklahoma, and start anew, to leave the field to John. Soon, however, he developed a malignancy and was brought home to be under John's care. John promptly took every cent of his savings, and probably borrowed some, to buy an X-ray machine, then a relatively new device offering some hope for cancer. He had the machine moved directly into his father's home and there treated the carcinoma with early X-ray, but to no avail and the father died. Before long, another tragedy struck the family when John's two brothers, Walter L. and Benjamin F., were burned to death in a fire in Topeka.

Meanwhile, another Doctor Sippy, Bertram W., was becoming famous as an internist in Chicago. He was a cousin of Benjamin and second cousin of John. It was he who later developed the Sippy diet for gastric ulcer.

A few years after starting practice in Belle Plaine, a young and charming music student came to join her family who had recently moved to Belle Plaine from Wichita. She was Grace Aileen Cromwell, whom John Sippy soon won for his bride. He built her a new home before the wedding. Says Grace, "It was wonderful, even if the mortgage did extend as far as the curb." She became his constant companion and confidante, his charming hostess, and ever helpful life-long partner.

John Sippy practiced medicine for 14 years, during some of which he was part-time Health Officer of Sumner County. Public health history continued to be made rapidly and spectacularly. In his first year of practice, 1900, Walter Reed read his famous paper to the American Public Health Association disclosing the cause of yellow fever. Today we can scarcely appreciate, especially in the North, what this dreadful

scourge meant to the people of the South, and even as far north as Philadelphia, New York, and Boston. It was first introduced in 1693, and was the terror of the South for 200 years.

John's special interest was his obstetrical cases, whom he attended as early as possible in pregnancy and whose care at the time of delivery, usually in the farm house, was said to be superior to that of any other doctor and two nurses combined. He never left the mother without seeing that she was comfortable, between fresh sheets or blankets, and often himself washed the baby and placed it in the mother's arms. These were the days when his practice, like his father's, consisted largely of cases of obstetrics, typhoid fever, dysentery, diphtheria, scarlet fever, smallpox, farm accidents, barley bristle abscess, lightning stroke of farmers, injuries in runaways, tetanus, summer complaint, tuberculosis, chlorosis, pneumonia, and winter coughs. John was always proud of his horses, especially on one occasion when he persuaded the local funeral director that his beautiful team of black horses was much too spry to draw the hearse and would serve a more useful purpose showing their fettle and speed when hitched to the Doctor's buggy.

#### The Beginnings of Public Health in Kansas

Meanwhile, another horse and buggy doctor had made medical and civic history in the frontier town of Dodge City, way out West at a division point of the Atchison, Topeka and Santa Fe Railroad. He was Dr. Samuel J. Crumblin, the "Frontier Doctor," another little giant.<sup>3</sup> Though he lived far from the culture of the Capitol at Topeka, the University at Lawrence, and from the fountainhead of western journalism at Emporia, where William Allen White's editorials were already attracting national attention, nevertheless he was the one selected by the Governor from the frontier to become a member of the State Board of Health in 1900. In 1904, he became State Health Officer and things commenced to happen to Kansas public health.

Crumblin promptly armed for a crusade which would bring Kansas national acclaim and make public health history. In the year in which Schaudinn and Hoffmann first described the treponema pallidum, Crumblin started his "Swat the Fly Campaign," and issued the first bulletin of the Kansas State Department of Health designed to promote health education of the citizens of Kansas. No sooner had he started people swatting the fly than he had them batting the rat. He waged war on the common drinking cup and the filthy roller towel. He posted signs in the streets of the principal cities, "Don't Spit on the Sidewalk." (He would have nothing to do with the high falluting word "expectorate.") He was a dynamic, courageous,

righteous and reverent man. He had a piercing eye, flashing fire when dealing with a malefactor, but deep with kindness when helping the unfortunate. He was thoughtful, considerate and ready with wise counsel. He was "a little devil on wheels" when talking with food packers about adulteration or contamination. He must have fired the imagination and been an inspiration to one of Doctor Sippy's perceptiveness.

Although the Vital Statistics Law requiring registration of births and deaths was not finally passed by the Legislature of Kansas until 1911, John Sippy commenced sending in reports of births and deaths. Anyone who knew Sippy knew that his reports were meticulous, his handwriting neat and legible. This must have been regarded a phenomenon by Doctor Crumblin and soon his attention became more and more attracted to this young physician in Belle Plaine.

It is often interesting to know what it is that attracts a given person to a career in public health. We can only surmise about this with John Sippy, but we know that he had a broad social viewpoint, that he liked to work with people, made friends readily and was attracted by any challenge. The challenges were many! These were the days of "embalmed beef;" that is meat which was heavily loaded with preservative to prevent olfactory offense after its decay. Patent medicines were sold by the hogshead and advertised more widely than soap. On one occasion Crumblin reproduced in his health bulletin a testimonial for a cough remedy signed by a man whose death notice appeared in the same paper, and noted the fact that his death was due to tuberculosis. Preventable diseases were rampant. There were few reports of births or deaths, and almost no reports on contagious diseases. Smallpox was often called chickenpox to avoid the inconvenience of quarantine. Insanitary privies were almost the only method of waste disposal and garbage was dumped in the nearest vacant lot. The challenge of existing conditions then, doubtless had something to do with attracting Sippy into public health. Add to this the spell of a Crumblin and we probably have the most plausible reasons for his becoming part-time Health Officer of Sumner County in 1908.

This was the year of the great International Congress on Tuberculosis held in Washington, D. C. It was attended by Crumblin who was deeply impressed and who, the following year, persuaded the Governor of Kansas to call a state-wide meeting to consider the problem of tuberculosis control, a meeting which Doctor Sippy attended. Doctor Sippy continued his private practice, but as local Health Officer he was again obliged to send reports to the State Department of Health, and again his reports were among the best received by Crumblin. In 1909, the first public health nurse was



employed in the Kansas State Department of Health and in 1911 they were successful in having the Vital Statistics Law passed. It was in that year that Sippy was persuaded to organize and conduct a "Rural and Sanitary Survey" of Sumner County. This is believed to be the first house-to-house sanitary survey ever made in a rural area.<sup>4</sup> Sippy was really becoming interested in public health!

#### **Rising to the Challenge of Public Health**

In 1911, Sippy was prevailed upon by Crumline to conduct a "Social and Industrial Study" of Wichita, Hutchinson, and Kansas City, Kansas, a study emanating from the analysis of tuberculosis mortality by occupation. In Kansas City, Kansas, he soon found an excessive number of tuberculosis cases in the meat packing industry and in sausage making. Doctor Crumline says, "I went to Kansas City and requested the several plant managers to have all their help given a health examination and in the future to hire no one who could not pass such an examination. They said they would take the matter up with their medical men. Not hearing anything for some time I told Sippy I would put on a little pressure by publishing in our Monthly Bulletin the number of deaths from tuberculosis and the name of the plant where they worked. Sippy thought it was a good idea. Then I thought I had better tell them first what we were about to do. The response was electric! They asked me to come down to meet the doctors and work out a general plan and blanks that would meet the wishes of the Kansas State Board of Health." Was Sippy learning from Crumline?

Sippy was soon elected Secretary of the Kansas Association of Health Officers and served in this capacity for nine years, where again his meticulous records made an impression.

#### **Learning Public Health**

In 1913, the momentous decision was made. He gave up private practice and went with the Kansas State Department of Health full-time as State Epidemiologist. This was the year in which Dr. W. C. Woodward was President of the American Public Health Association, to be succeeded the following year by W. T. Sedgwick.

Going to work for Crumline meant moving to Topeka, leaving their lovely new home and friends and making a great financial sacrifice. His salary at Topeka was to be \$2,400. The decision reduced his bride to tears for two days, but she finally went willingly and helpfully as she always did in later years.

There followed six busy years as State Epidemiologist of Kansas, dealing with many typhoid fever outbreaks, one of them in his own county where the occur-

rence of cases followed a strange pattern. Doctor Sippy soon found that these cases occurred along the route of a threshing crew which went from farm to farm during the harvest season. It was not long before he identified the typhoid carrier in that crew. Smallpox frequently reared its ugly head and called for mass vaccination which was often violently opposed. There was still nothing to do for diphtheria except to furnish physicians with antitoxin and teach them to use it promptly and teach the patients to call the doctor promptly. The death rate remained high.

The Governor was persuaded to appoint a Kansas Public Health Commission on which Doctor Sippy served as Secretary for two years. The commission was appointed to recommend to the Legislature a plan for full-time county health organizations and its recommendations led to legislation still effective. He helped organize and operate an annual school for health officers, most of whom were part-time. He taught epidemiology to senior students at the Kansas University Medical School and taught sociology and vital statistics to graduate students there. He was Secretary of the Kansas Tuberculosis Association from 1916 to 1919.

By 1915, Congress had voted funds for field studies of rural sanitary conditions and as might be expected Crumline was among the first to take advantage of an offer from the United States Public Health Service. Sippy's earlier surveys had demonstrated their value and perhaps even given the idea to the Public Health Service. Anyway, here was an opportunity to get needed experts to help in Kansas. Crumline and Sippy made the arrangements with Dr. L. L. Lumsden in charge of survey teams. The team sent to Kansas included two or three officers of the Public Health Service and a civilian epidemiologist, whose name was Dr. Allen W. Freeman. This was the man who would later become Professor of Public Health Administration with Wade Frost as Professor of Epidemiology at Johns Hopkins. Their Ford car furnished by the government had cost \$360 and gasoline was 10 cents a gallon. Freeman says these cars had certain peculiarities with regard to starting, involving different numbers of quarter turns of the crank while pulling on the choke wire which passed through the radiator. One car must be sworn at according to a fixed formula, another would not respond unless a particular tire was kicked at the proper time. In any event, they conducted a thorough survey and spread the gospel of sanitation. On one occasion Doctor Freeman was surprised to find no outhouse of any kind in or near the farmer's dwelling. When he essayed to explain the virtues of a sanitary privy, the farmer replied, "Young man, man and boy I have lived in that house for 40 years and in all that time no doctor ever set foot on the threshold. I don't take no

stock in any of this new-fangled nonsense and you can go right back to Washington and tell the government I said so."

After conducting the Mayor of Altoona on an inspection trip of the alleys and outhouses of that town, the mayor was convinced that "This place ain't fit for a hog to live in and I am going to clean her up if its the last thing I do." When he became tough with citizens who refused to clean up and was threatened with loss of their vote, he replied, "Vote, hell! You had your vote when you elected me mayor of this godamn town. Now I am mayor and by the eternal I'm goin' to run it. But you fellows go out and walk down the alley right back of this store with the doctor here and then if you come back and say this damned place don't need cleaning up I'll pay your fine myself. Danged if I won't." Was Sippy learning the art of getting support from public officials?

At the conclusion of the survey which took several months, it was proposed that there be a celebration including a parade in order to further enhance the health education of the county. It sounds like a Sippy-Crumbine idea! Doctor Freeman pointed out that on such a formal occasion the young public health service officers should wear their full dress uniform, which then consisted of impressive gold braid, epaulets, and a cockade hat. Picturing these young men in such regalia riding down the main street of Fredonia, Freeman jokingly agreed that if they should so bedeck themselves, he as a civilian would wear striped trousers, a cutaway coat, and a silk hat. A few weeks later, he was summarily called to carry out his end of the bargain and to appear in proper dress at the parade the following week. He wired back to Washington for his formal clothes and was ready on the appointed day. John Sippy recalls that there had been some talk of then Secretary of the Treasury McAdoo attending the celebration. The parade was a gorgeous affair properly befitting the new silk hat of Allen Freeman. To his consternation and to the delight of Sippy and of the officials in charge, the crowds mistook Freeman for Secretary McAdoo. He was promptly placed in the front car with the mayor and obliged repeatedly to rise and doff his hat to the applauding multitudes.<sup>5</sup>

These years were a period of rapid advance in the application of newly discovered public health methods. Chapin's studies on epidemiology in Providence, Rhode Island, were making a great impression. Hill and Chesley in Minnesota had divided their state into sanitary districts and were compiling an immunological index of the school children in each district. Everyone was wondering what to do about the typhoid carrier. School health was coming into prominence and emerging from the inadequate start made by the school medical in-

spectors of Boston in 1894. In the Middle West it was nip and tuck whether to make smallpox vaccination compulsory. Someone had devised a good method of improving diphtheria reporting by requiring all drug-stores to report immediately to the local health officer when a package of antitoxin was sold. Public health nurses were coming into their own and school nurses, starting first in New York in 1902, were becoming so successful that they were being employed elsewhere throughout the Country. These were indeed busy days for an alert young epidemiologist like Sippy and for a budding young public health administrator, such as he was rapidly becoming. His fame spread throughout the Middle West and even at that early day people commenced to come to Kansas to see what he was doing. Sippy was comprehending the over-all public health picture and doing something about it.

#### The Montana Years, 1919-1923

Meanwhile another sturdy little health officer was making history in Montana, Dr. W. F. Cogswell, later christened "Little Bull" when adopted by an Indian tribe. Younger than Crumrine by only six years, he was a contemporary in public health problems and methods. He had finally succeeded in getting the backing of the Governor and the majority of the State Legislature and for the first time had a reasonable budget. He had stormed the ivory towers of the Public Health Service until they commenced to pay attention to his major problem, Rocky Mountain spotted fever. One of his greatest victories was an appropriation from the State Legislature to build a laboratory at Hamilton, Montana, which provided attractive working conditions for his staff and for research men from Washington. The mystery of spotted fever deaths on one side of the Bitter Root and not on the other was being unraveled.

For the first time Cogswell had the money to hire a good epidemiologist and Sippy was his choice. In 1919, Sippy became Epidemiologist and Director, Communicable Disease Division of the Montana State Department of Health, where he remained until he went to San Joaquin County, California, in 1923. Carrying on his duties as epidemiologist under a little less pressure than existed in Kansas, he was soon able to renew his old interest in maternal and child health, and in 1921, became Director of the Child Welfare Division of the Montana State Department of Health. His "Study of Infant and Maternal Death Rates in a Western State," published in Public Health Reports in April, 1922, was a scholarly classic and is still a model. He was among the first to devise a series of prenatal letters for the benefit of expectant mothers which were mailed out from the State Department of Health in Helena each month. He soon became virtually the Assistant State

Health Officer, assuming administrative responsibilities, doing organizational work, preparing budgets on both state and local levels. He was Secretary of the Montana State Public Health Association from 1920 to 1923.

Although denied the opportunities of formal academic training in public health, which opportunities were few and far between in those days, John Sippy had now learned through the preceptorship of two old masters and by experience of an amazing variety the entire gamut of public health administrative responsibilities. He was ready for his major life work which was the organization and direction of the San Joaquin Local Health District with headquarters in Stockton, California.

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(To be concluded in the next issue)

### Druggists Aid Heart Disease Program

More than a third of the druggists across the Nation will distribute educational literature on heart disease over their counters during National Pharmacy Week, October 29th to November 4th. The program is sponsored each year by the American Pharmaceutical Association in cooperation with the American Heart Association, through its state and local chapters, and the National Heart Institute of the Public Health Service.

The program's objectives are to (1) focus public attention on the problem of heart diseases as a part of the community health program, (2) give basic information on heart diseases to the layman, (3) get more pharmacists of the Nation to join the educational program against heart disease, and (4) identify the observance of National Pharmacy Week in 1950 with the total community health activities of the pharmacist.

### Assistant Health Officer Position

Dr. E. M. Bingham, Health Officer, San Joaquin Local Health District, Stockton, announces a vacancy for an assistant district health officer at a salary range of \$625 to \$740. Postgraduate training in public health is required. No civil service examination will be held. Further information may be obtained from Doctor Bingham.

### State Hospital Construction Program Curtailed by Cut in Federal Funds

Federal and state financial aid will help construct nine hospital and health center facilities in California during the 1950-51 Fiscal Year, but tentative allocations to 11 other projects have been rescinded due to a 50 percent reduction in federal funds available for the hospital construction program.

The cutback was announced by Dr. Wilton L. Halverson, State Director of Public Health, following a meeting October 9th of the State Advisory Hospital Council, which reviewed the 20 applications it had tentatively approved last July. Allocation of funds is conditional on approval by the U. S. Public Health Service.

Federal funds available under the Hospital Survey and Construction Program were reduced from \$150,000,000 to \$75,000,000 by the Federal Bureau of the Budget. This cuts California's allocation from an expected \$5,147,909, the amount received for the 1949-50 Fiscal Year, to \$2,559,964 for the current fiscal year.

Projects approved for allocation this fiscal year include seven health centers and two hospitals. They are:

San Benito County Health Center, Hollister  
Madera County Health Center, Madera  
Kings County Health Center, Hanford  
San Luis Obispo County Health Center, San Luis Obispo  
Butte County Health Center, Oroville  
Santa Clara County Health Center, San Jose  
Los Angeles City Health Center (Westchester District), Los Angeles  
St. Joseph's Hospital, Eureka—75-bed new hospital facility  
Centinela Valley Community Hospital, Inglewood—48-bed addition

Projects from which it was necessary to withdraw financial assistance are:

Daniel Freeman Memorial Hospital, Inglewood  
Pittsburg Community Hospital District, Pittsburg  
St. Augustine-West View Hospital, Los Angeles  
San Diego Memorial Hospital, San Diego  
Fresno County Hospital, Fresno  
Del Norte County Local Hospital District, Crescent City  
Rancho Los Amigos, Hondo  
Herrick Memorial Hospital, Berkeley  
San Jose Public Health Center, San Jose  
San Bernardino City Health Center, San Bernardino  
Orange County Health Center, Santa Ana

### Diabetes Week

Diabetes Week sponsored by the American Diabetes Association will be observed from November 12th to 18th. The purpose of the annual observance of this week is to spearhead the diabetes detection drive organized by the association two years ago to uncover the many undetected cases of this prevalent disease. Last year, nation-wide, 325,000 tests were performed during the drive. Between one-half and 1 percent of those tested were found to be new and previously undiscovered cases of diabetes.



### Sanitarian's Role in Atomic Disaster Is Among November Institute Topics

Role of the sanitarian in case of local, state or national disaster—atomic or otherwise—will be one of many topics scheduled for consideration at an Institute on Environmental Sanitation to be held on the Los Angeles campus of the University of California November 16th and 17th. The two-day conference will be presented by the University's Department of Public Health and University Extension in cooperation with the Southern California and San Diego Sections of the National Association of Sanitarians.

Topics will range from "The California State Sanitation Program in a Disaster," "Military Status of Sanitarians in the International Crises," and "Public Health in International Affairs" to "The Sanitarian in Court" and "Techniques of Public Speaking."

Further information is available on request from the Department of Institutes, University of California Extension, Los Angeles 24. The registration fee is \$2.

### Quaternary Compound Approved

Methyldecylbenzyl trimethyl ammonium chloride has been added to the list of quaternary ammonium compound approved by the State Department of Public Health for use in the bactericidal treatment of eating and drinking utensils. With the new addition, the list now includes 12 quaternary ammonium compounds approved by the department under provisions of the California Restaurant Act of 1947.

### Mussels Quarantine Lifted

The annual summer quarantine on mussels was lifted routinely on October 31st by the State Department of Public Health. The ban is imposed each May 1st along the entire California coast because during summer months mussels become contaminated by a deadly toxin for which there is no known antidote. This toxin is secreted by the microscopic organism *Gonyaulax catenella*, an inhabitant of ocean waters in prolific numbers during warm months of the year.

Again this summer no cases of poisoning were reported. Before the quarantine program began in 1928 many cases and often several deaths were recorded annually. The 1927 report lists 102 persons poisoned by toxic mussels, with six deaths.

The works of peace are lasting and \* \* \* the conquest of disease is among the most worthy of these.—*Basil O'Connor, President, National Foundation for Infantile Paralysis*

### Typhoid Carrier Discovered in Lake County Outbreak

Typhoid fever, once a common cause of death in California but now rare in this State, is back in the news. Seven cases, with a common history of having resided at a rustic resort on the eastern shore of Upper Blue Lake, Lake County, during the summer, have been reported by health officers in three San Francisco Bay area counties. Epidemiologic investigation has revealed that a typhoid carrier also resided at the resort during the period.

All seven persons were found to have been at the resort during July. Their dates of onset were reported as occurring between July 26th and August 6th. The Division of Laboratories isolated the causative agent, *S. typhosa* Type C, from blood cultures and excreta of six cases. All had drunk water at the resort, but no common eating establishment was found.

An investigation, carried out by Acute Communicable Disease Service, the Bureau of Sanitary Engineering, Bureau of Public Health Nursing, the Lake County Health Officer, and with the cooperation of eight local health departments in whose jurisdictions visitors to the resort had returned, revealed the following facts:

1. A single well served all of the resort's eight cabins.
2. One of four cesspools was located near the well.
3. Water samples from the well showed gross contamination with coliform organisms.
4. A carrier of *S. typhosa* Type C was found to have resided in one of the cabins attached to the cesspool near the well. The carrier was at the resort from May to July 14th.

The connection between the well and the cesspool has not yet been proven or disproven (as of October 4th). The camp was closed on September 1st. No official reports of additional cases have been received from the eight health jurisdictions which have been tracing 147 persons who resided at the camp during June, July and August.

### Malaria Patients Can't Donate Blood

The position of malaria patients in regard to current appeals for blood donors has been clarified by an announcement of the Division of Laboratories. The statement, which follows, also refers to persons who may have been exposed to malaria during the past two years:

(1) No person who has ever had a clinical case of malaria is eligible to donate blood to any blood bank.

(2) No person who has been in an endemic malaria area within the last two years or who has received suppressive treatment for malaria can act as a blood donor.

### Los Angeles Tuberculosis Survey Enters Final Phase

Already the most extensive survey of its kind in the history of tuberculosis casefinding, the Los Angeles county-wide X-ray survey is at the 1½ million mark as the project swings into its final spurt scheduled for completion by the end of the year. The survey, which began in March, passed the million mark in mid-September, with many population centers of the county, such as Long Beach, yet to be surveyed.

In the 12 major U. S. cities where similar mass surveys have been held, the previous all-time high figure was set by Cleveland in 1949 with 700,000 X-rays taken.

Out of the first million X-rays taken in Los Angeles, 14,000 persons were referred to their physicians or to clinics for possible tuberculosis, possible heart abnormalities, and other suspicious chest conditions, according to the September midmonthly report of the survey foundation. Referrals were made as follow-up of 24,246 confirmatory chest films (14 x 17) read since the beginning of the survey.

Breakdown of the 14,000 referrals is listed by Dr. John C. Ruddock, Coordinator of Professional Services, as follows:

7,966 for tuberculosis  
3,803 for heart conditions  
2,236 for other chest diseases

The confirmatory films indicated that of the 7,966 suspicious for tuberculosis, 5,468 appeared to be in the minimal stage; 1,905 moderately advanced, 297 far advanced, and 187 unclassified.

### Immunization for Foreign Travel

The latest information on immunization requirements for foreign travel has been compiled in leaflet form by the U. S. Public Health Service and distributed to local health agencies for reference. Most countries have requirements with which the traveler must comply in order to enter. Many parts of the world still have endemic areas for smallpox, typhoid, cholera, typhus, yellow fever, and diphtheria. The PHS leaflet not only gives requirements, but lists recommendations for further protection of the traveler.

The new leaflet, called "Immunization for Foreign Travel," brings up to date the previous PHS booklet entitled "Immunization Information for Persons Proceeding Abroad." Copies of the leaflet may be obtained from the Division of Public Health Methods, Public Inquiries Branch, Public Health Service, Washington 25, D. C., or it may be reproduced locally.

"\* \* \* what we do for the health of our children and youth today will influence the whole world tomorrow."  
—Dr. Martha Eliot

### California Morbidity Reports Selected Diseases—Civilian Cases

Total Cases for September and Total Cases for January  
Through September, 1950, 1949, 1948 and  
Five-Year Median (1945-1949)

Reportable diseases	Current month				Cumulative			
	September				January through September			
	1950	1949	1948	5-yr. median 1945- 1949	1950	1949	1948	5-yr. median 1945- 1949
Amebiasis	31	20	23	14	272	237	395	160
Anthrax					3	2	3	1
Botulism								
Brucellosis (undulant fever)	9	15	20	22	83	85	133	133
Chancroid	26	43	62	43	207	423	339	339
Chickenpox	327	313	399	270	27,952	39,075	35,427	35,427
Cholera								
Coccidioidomycosis, disseminated	2	6	11	5	70	61	53	53
Conjunctivitis, acute infectious of the newborn	1		1	1	6	6	14	14
Dengue		15	5	16	60	47	96	96
Diarrhea of the newborn		11	35	26	216	338	361	361
Diphtheria	49	14	21	21	197	44	58	58
Encephalitis, infectious	110	136	188	132	1,417	1,678	1,522	1,522
Epilepsy	13	13	83	19	1,161	394	378	378
Food poisoning	116	131	105	117	2,093	17,404	3,121	3,121
German measles	1,455	1,614	2,680	2,495	11,319	17,069	20,257	20,257
Gonococcus infection	1		4		16	21	43	43
Granuloma inguinale	22	13	13	13	278	406	71	71
Hepatitis, infectious	16	16	26	16	391	683	14,376	14,376
Influenza, epidemic		1	2	1	4	8	12	12
Leprosy								
Leptospirosis (Weil's disease)					4		2	2
Lymphogranuloma venereum	22	12	25	17	112	177	185	185
Malaria	2	2	5	12	10	16	49	49
Measles	264	186	353	213	14,199	41,239	62,178	62,178
Meningitis, meningococcal	12	14	20	20	193	219	270	270
Mumps	508	697	875	697	29,904	33,830	26,319	26,319
Pertussis	362	489	243	489	5,946	3,213	3,113	3,113
Plague								
Pneumonia, infectious	126	102	98	102	1,505	1,330	1,383	1,383
Polio myelitis, acute anterior	337	512	1,426	512	1,340	1,890	3,381	3,381
Psittacosis		6	1	6	6	8	12	12
Rabies, animal	8	7	12	13	76	139	225	225
Rabies, human						7		
Relapsing fever	1		4	1	4	7	6	6
Rheumatic fever, acute	22	56	35	54	371	509	364	364
Rocky Mountain spotted fever					3	5	1	1
Salmonella infections*	37	35	13	13	330	297	81	81
Shigella infections (bacillary dysentery)	45	511	46	21	393	792	309	309
Smallpox								
Streptococcal infections: Scarlet fever	124	94	153	153	3,503	2,584	2,743	2,743
Streptococcal sore throat (and "septic sore throat")	14	13	24	18	506	426	394	394
Syphilis†	736	829	1,515	1,515	7,101	10,564	13,267	13,267
Tetanus	9	6	8	8	42	43	44	44
Trachoma	1	3	2	2	20	21	13	13
Trichinosis					14	16	31	31
Tuberculosis:								
Respiratory	627	635	778	635	5,591	6,448	6,250	6,250
Other forms	26	45	42	43	315	420	421	421
Tularemia		1	2	1	2	4	7	7
Typhoid fever	8	17	16	17	82	95	125	125
Typhus fever		2	3	3		5	17	17
Yellow fever			1				1	1

\* All types of Salmonella infections now reportable. Prior to January 1, 1950, only A, B and C types were reportable; hence five-year median not entirely comparable.  
† Corrected cumulative total cases January through August, 1950, Syphilis, 6,260 instead of 1,411.

Printed in California State Printing Office

32637-C 10-30 9, 1950

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